## COMAR 10.17.01 PUBLIC SWIMMING POOL OR SPA COMPLIANCE SCHEDULE APPLICATION

Montgomery County Department of Health and Human Services
Licensure and Regulatory Services
255 Rockville Pike, Suite 100, Rockville, Maryland 20850
Phone 240-777-3986 Fax 240-777-3088
www.montgomerycountymd.gov

An owner of a public pool or spa that is not in compliance with the Maryland Public Pools and Spas Regulations may request approval from the DHMH to meet a regulation requirement at a future date provided that: 1. Operation of the pool or spa during the time allowed to bring the pool or spa into compliance does not adversely affect public health and safety; and 2. The pool or spa is otherwise in compliance with the regulations (COMAR 10.17.01.54).

| 1.                       | Owner   |             |                   |                      |                  |            |                                    |            |                          |          |
|--------------------------|---|-------------|-------------------|----------------------|------------------|------------|------------------------------------|------------|--------------------------|----------|
|                          |   |             |                   |                      |                  |            |                                    |            |                          |          |
|                          | Mailing AddressFax #  |             |                   |                      | City             |            | StateZip                           |            |                          |          |
|                          |   |             |                   |                      |                  |            |                                    |            |                          |          |
| 2.                       | Facility Locati   | on          |                   |                      |                  |            |                                    |            |                          |          |
|                          | Physical Address  |             |                   |                      |                  | City       |                                    | State      | Zip                      |          |
|                          | Phone #Fax #  |             |                   |                      |                  |            |                                    |            |                          |          |
|                          | Specify which facility at the location is non compliant and for which you are requesting a compliance schedule.                     |             |                   |                      |                  |            |                                    |            |                          |          |
|                          | Facility  | Indoor      | Outdoor           | Comment              | Facility         | Indoor     | Outdoor                            |            | Comment                  |          |
|                          | Main Pool   |             |                   |                      | Spa              |            |                                    |            |                          |          |
|                          | Wading Pool   | Pool        |                   |                      | Swim Spa         |            |                                    |            |                          |          |
|                          | Therapy Pool  |             |                   |                      | Water Attraction |            |                                    |            |                          |          |
|                          | Spray Pool  |             |                   |                      | Other:           |            |                                    |            |                          |          |
| 3.                       | Specify the COMAR 10.17.01 regulation that requires a compliance schedule:  |             |                   |                      |                  |            |                                    |            |                          |          |
|                          | COMAR 10.17.01.37   |             |                   |                      |                  |            |                                    |            |                          |          |
|                          | Specify why the requirement cannot be correctly immediately:  |             |                   |                      |                  |            |                                    |            |                          |          |
| 4.                       | Specify why to  | ne requirem | ent cannot be co  | rrectly immediately: |                  |            |                                    |            |                          |          |
|                          |   |             |                   |                      |                  |            |                                    |            |                          |          |
|                          |   |             |                   |                      |                  |            |                                    |            |                          |          |
| 5.                       |   |             |                   |                      |                  |            |                                    |            |                          |          |
|                          | Explain interim measures in place that protect public health and safety:  |             |                   |                      |                  |            |                                    |            |                          |          |
|                          |   |             |                   |                      |                  |            |                                    |            |                          |          |
|                          |   |             |                   |                      |                  |            |                                    |            |                          |          |
|                          |   |             |                   |                      |                  |            |                                    |            |                          |          |
| 6.                       | Describe the corrective action:   |             |                   |                      |                  |            |                                    |            |                          |          |
|                          | Plans will be submitted to the Division of Community Services by September 15, 2012, to install (specify lift, sloped entry, etc.): |             |                   |                      |                  |            |                                    |            |                          |          |
|                          |   |             |                   |                      |                  |            | Date of Compliance: March 15, 2013 |            |                          |          |
|                          |   |             |                   |                      |                  |            | Date of v                          | Compliance | . <u>IVIAICII 13, 20</u> | <u> </u> |
| 7.                       | The information   | on provided | is current and ac | curate:              |                  |            |                                    |            |                          |          |
|                          |   |             |                   |                      |                  |            |                                    |            |                          |          |
| X Owner's Signature      |   |             |                   |                      | Date             | Print Name |                                    |            |                          |          |
|                          |   |             |                   |                      |                  |            |                                    |            |                          |          |
| =                        | 15.41.1   | Δ.          |                   |                      |                  |            |                                    |            |                          |          |
| DF                       | IMH:  | Approved    | d $\square$       |                      |                  |            |                                    |            |                          |          |
|                          |   | Denied      | ☐ Specify re      | ason                 |                  |            |                                    |            |                          |          |
|                          |   |             |                   |                      |                  |            |                                    |            |                          |          |
| X Sanitarian's Signature |   |             |                   |                      | Date             |            | Print Na                           | me         |                          |          |